

Borough of Manhattan Community College
The City University of New York
www.bmcc.cuny.edu
199 Chambers Street
New York, NY 10007-1097
tel. 212-220-1430
fax 212-220-2368

## REQUEST FOR EMPLOYMENT VERIFICATION LETTER

Student NameLast	First	Last Four Digits of SS#	
Street Address	Apt.	City/State/ Zip	( ) Telephone
would like to request an e	employment verification letter	for the following academic year	ur(s):
Employment verification le	etters will be available in two	business days. Please have you	ır ID available.
Check One:	I will pick up the employme	nt verification letter.	
	_I would like the employment	verification letter mailed to the	above address.
	I would like the employmen	t verification letter faxed to (	)
	I would like to have the emp	loyment verification released to	the third party listed below.
Name or Agency		Street Address	
C:		7710	l N
City	State	ZIP	Phone
Release Authoriz	zation	-	1
Under federal leg of New York pol permission. I he	gislation, namely the Family E icy, I understand that my stud reby authorize the Financial A	ent aid records cannot be releas	ttan Community College to release
Student's Signature:		Date:	
	OFFICE U	JSE ONLY	
Student picked up lette	er.	Letter mailed or	faxed.